

PCP Change Request Form

Provider Instructions

Please complete only one form per member household. Forms completed improperly or missing the member or responsible party signature will not be processed, and the primary care provider (PCP) change will not occur. Members can continue to be treated by the requested PCP until the change is completed. Members may use their current WellCare ID card until they receive their new ID card. All requests will be processed within 7–10 business days of receipt. Provider Relations will be notified of incomplete and/or invalid form submissions.

Please call 1-866-231-1821 if you have questions about this form.

Note: The member must present his or her WellCare ID card to the requesting provider. PCP change requests received by the 10th of the month will be effective THAT month. PCP change requests received AFTER the 10th of the month will be effective the FOLLOWING month.

When complete, please fax this form to 1-855-247-7480.

Thank you for your continued commitment to provide quality care to our members!



WellCare proudly serves Georgia Families®, PeachCare for Kids® and Planning for Healthy Babies® members.

PCP Change Request Form

Part 1: Member Information *(Please print neatly)*

Please provide the member's information

* Required Field

(Last Name)* (First Name)* (Middle Initial)

(WellCare Member ID #)* (Member Phone # with Area Code)* (Member Date of Birth)*

Part 2: PCP Change Request *(Please print neatly)*

Please provide PCP information

* Required Field

(Requested PCP Full Name)* (WellCare Provider ID #)*

Part 3: Additional PCP Change Requests *(Please print neatly)*

Please list other family members requesting change to same PCP

Member Name: _____ Date of Birth _____ WellCare Member ID #: _____

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Part 4: Reason for PCP Change Request

Please provide reason for the PCP change request *(Please check one of the boxes below)*

- Different PCP preferred
- Referred by family/friend
- Convenient office location and/or hours
- Already a patient with requested PCP
- I asked for this PCP upon enrollment, but WellCare assigned a different PCP on my WellCare ID Card
- Dissatisfaction with assigned PCP: Note – WellCare will file a grievance on member's behalf; member may receive a call requesting more information
- Other: _____

Print Name of Member or Responsible Party

Signature of Member or Responsible Party

Provider (Staff) Signature

Date

Biological Parent? Yes No ⇄

If "No", the name of the "Responsible Party" must match exactly what WellCare has on file for "Responsible Party".
Without a match, the change cannot be processed.

When complete, please fax this form to 1-855-247-7480.